

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 2/10/03.

I. DISPUTE

Whether there should be additional reimbursement for treatment/services including office visits (99212-MP, 99214), application of modality (97010), traction (97012), electrical stimulation (97014), therapeutic procedure/exercises (97110), myofascial release (97250), additional manipulation (97260 cerv, thora, lumbo, sacr. hand), each additional manipulation (97261), and unlisted therapeutic procedure (97139) rendered from 7/31/02 through 9/16/02. The respondent first denied claims for entitlement ('E').

Attached to the dispute was a copy of agreement with requestor and respondent, dated 5/19/03 from the TWCC, Missouri City Field Office. The respondent also stated in the letter dated 8/26/03, "...The parties agreed to a compensable injury to lumbar and cervical spine and a hip contusion...payments ('N') have been made in accordance with the Medical Fee Guideline (MFG)."

II. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
7/31/02	97010 97012 97014 97124 99212	\$17.36 28.52 24.80 30.38 53.94	\$0.00	N/O	\$11.00 20.00 15.00 28.00 32.00	MFG-MGR I (A) 133.1(a)(3)(E)	Per the 1996 MFG, and the TWCC Rules, the requestor failed to interpret from the given SOAP notes, in a legible manner for review of this dispute, therefore, reimbursement may not be recommended.
8/9/02	97014 97124	\$24.80 30.38	\$0.00	N/O	\$15.00 28.00	Same as above.	Same as above.
8/15/02	97110 97250 97260	\$76.88 43.00 35.00	\$0.00 0.00 0.00	E/O/N	\$35.00 ea. 43.00 35.00	Same as above.	Same as above.
8/16/02	97250 97260 97110	\$43.00 35.00 76.88	\$0.00	E/O/N	\$43.00 35.00 35.00 ea.	Same as above.	Same as above.
8/19/02	97110 97250 97260	\$76.88 43.00 35.00	\$0.00	E/O/N	\$35.00 ea. 43.00 35.00	Same as above.	Same as above.
8/21/02	97110 97250	\$76.88 43.00	\$0.00	E/O/N	\$35.00 ea. 43.00	Same as above.	Same as above.

	97260	35.00			35.00		
8/23/02	97110 97250	\$76.88 43.00	\$0.00	E/0/N	\$35.00 ea. 43.00	Same as above.	Same as above.
8/26/02	97110 97250	\$76.88 43.00	\$0.00	E/0/N	\$35.00 ea. 43.00	Same as above.	Same as above.
8/28/02	97110 97250 97260 97261	\$38.44 43.00 35.00 8.00	\$0.00 0.00 0.00 8.00	E/0/N	35.00 ea. 43.00 35.00 8.00 ea.	Same as above.	Same as above.
8/30/02	97260 97261	\$35.00 8.00	\$0.00	E/0/N	\$35.00 8.00 ea.	Same as above.	Same as above.
9/3/02	99214	\$113.46	\$0.00	E/0/N	\$71.00	Same as above.	Same as above.
9/5/02	97110 97250	\$38.44 43.00	\$0.00	E/0/N	\$35.00 ea. 43.00	Same as above.	Same as above.
9/9/02	99212-MP 97139 97110	\$53.94 40.00 38.44	\$32.00 0.00 0.00	F N/0 N/0	\$32.00 DOP 35.00 ea.	MFG Same as above.	Paid according to the MFG. Same as above.
9/11/02	97110 97140	\$76.88 45.00	\$0.00	N/0	\$35.00 ea. Unknown Code per MFG	Same as above.	Same as above. CPT 97140 is a code not in the 1996 Medical Fee Guideline, therefore reimbursement may not be recommended.
9/16/02	97250	\$43.00	\$0.00	N/MN	\$35.00		This CPT code was withdrawn by the requestor, therefore no longer a dispute.
TOTAL							The requestor is not entitled to additional reimbursement.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code(s) 99212-MP, 99214, 97010, 97012, 97014, 97110, 97250, 97260, 97261, 97139 and 97140.

The above Findings and Decision are hereby issued this 15th day of January 2004.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl